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SUBJECT: AVIAN INFLUENZA (H5N1) OUTBREAK IN GHANA

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ACCRA 00960

¶1. (U) Summary: Ghana confirmed its first case of H5N1 on April 28, 2007. Since then, the GoG has done a significant amount of work to manage and contain the epidemic. To date there are four confirmed outbreak locations, all in Tema municipality (approximately 20-25 km east of Accra). No human cases have been reported. The government of Ghana veterinary services, with the support of USAID, has been carrying out active surveillance to identify infected birds as well as carrying out culling and decontamination efforts when infected birds have been identified.
End summary.

Identifying the problem

¶2. (U) Two adjacent poultry farms in Tema were affected. Deaths of chickens were first noticed o/a April 14, 2007; samples from the index farm cluster ("farm 1") tested positive for H5N1 at a U.S. Navy supported local lab (Noguchi Research Institute) on April 28 and were confirmed at NAMRU-3 (Naval Medical Research Unit), a WHO world reference lab in Cairo on May 2. Chickens from two adjacent farms ("farms 2 and 3") tested positive for H5N1 on May 3 and May 8. The fourth farm was identified and tested positive for H5N1 on May 10. The GoG publically announced the outbreak on My 2.

¶3. (U) The manner in which the virus was introduced to Ghana is not clear. Nor has any clear link yet been established between the first two farm clusters, which lie more than 9 km apart. Tema is not only a port, but is also the crossroads of several major East-West and North-South land routes. The Tema area is also an important landing site for migratory birds from Europe, Asia and coastal regions of West Africa. An initial evaluation of the Ghana strain of virus at the NAMRU lab in Cairo suggests that the Ghana virus is similar to strains that were found in recent outbreaks in the neighboring countries of Cote d'Ivoire, Burkina Faso and Nigeria. The analysis, which is ongoing, also suggests the virus is closely linked to strains of H5N1 found in Germany and Siberia.

The Response

¶4. (U) The Ghana veterinary service has mounted a vigorous response effort, in collaboration with the Ghana Health Service (GHS), Ministry of Interior and other government agencies, USAID, NAMRU, WHO, and FAO. The national Avian Influenza Task Force is coordinating the response following the framework of the national preparedness and response plan that was finalized in 2006 with USAID support.

¶5. (U) Following reports of high numbers of bird deaths on these farms, 1,823 birds on farm 1 and approximately 10,300 birds on farms

2 and 3 were destroyed. Close to 400 birds were destroyed on farm 14. To date, 69 other area farms have been evaluated for reports of sick and dying birds, and the appropriate clinical and laboratory evaluations have been undertaken. None of these other farms have tested positive for avian flu, although about half of these lab tests are still being run.

16. (U) The GoG has imposed a ban on the movement and sales of poultry in the Tema area, although enforcement capacity is limited. On each affected farm, birds are known to have been sold off between the time rapid die-off began and the time vet services destroyed all remaining birds. The GHS is monitoring workers on the affected farms and has sensitized local health care workers. Tamiflu has been stockpiled by the GoG, and other efforts to improve readiness for possible future human cases of avian flu are underway.

17. (U) A USG team consisting of USAID, CDC, and NAMRU personnel has made numerous direct observations of the veterinary and human surveillance and disinfection operations in the field area. Technical assistance and commodity support have been provided, and a set of recommendations developed. Based on these recommendations, USAID is providing an initial \$200,000 in emergency support funds to the GoG. The avian influenza unit at USAID has already provided 4,450 personal protection equipment (PPE) kits, 45 decontaminate sprayer kits and two lab sampling kits, all housed at vet services. USAID will also be providing a veterinary/epidemiologist to assist in this effort. CDC and WHO will provide ongoing technical assistance to support the human health side.

Comment

18. (SBU) The outbreak has tested the past year and a half of USG-supported training, capacity building and preparation. Overall, the Government response has been good, with the veterinary services

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clearly ahead of the human health side. Reports of new bird die-offs and positive lab results continue every 2-3 days, with no end in sight yet. Stricter enforcement of restrictions on bird movements in/out of affected areas will be crucial for containment. There is mounting concern over the lack of transparency regarding compensation of farmers for culled birds. While the Ministry of Agriculture states that a compensation plan exists (this plan will only cover 60-90% of the costs), no farmers have been paid to date.

19. (U) Since this outbreak is for the time being confined to birds, the greatest impact will be economic. Mass cullings will exact an economic toll, but the greatest impact will result if consumers refuse to purchase poultry products on a large scale. The media and public were sensitized to AI issues in 2005-06 and have responded calmly so far. USAID is supporting a communications campaign targeted at poultry farmers, traders, veterinarians, and health workers. Some messaging for the public has gone out on radio and print media and this would be broadened if the outbreak spreads.

110. (SBU) Preparedness for identification of a human case and for case management is weak. An assessment team consisting of representatives of the GHS (Institutional Care) and the CDC evaluated the local hospitals and found that the only available facility with the capacity (after some minor modifications) to manage an isolation room is the Military 37 Hospital in Accra. Additional help would have to be provided to improve the hospital's referral system.

111. (U) USAID and NAMRU will continue to work on the ground to help monitor and manage the situation. With additional resources and technical assistance, the response in Ghana on the veterinary side may prove to be a model for the rest of Africa.

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